

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.  
**10/049871**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT												
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		IND.	DEP.		IND.	DEP.
1	/						51										
2		/					52										
3		/					53										
4		/					54										
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46		/					96										
47		/					97										
48		/					98										
49		/					99										
50		/					100										
TOTAL IND.	1						TOTAL IND.										
TOTAL DEP.	22						TOTAL DEP.										
TOTAL CLAIMS	23						TOTAL CLAIMS										